

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008058

**Entity Name:** HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.**FILED**  
**Jan 18, 2020**  
**Secretary of State**  
**0044976041CC****Current Principal Place of Business:**166 HIALEAH DR  
HIALEAH, FL 33010**Current Mailing Address:**P O BOX 111635  
HIALEAH, FL 33010**FEI Number: 65-1065383****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**YERMACK, JOHN  
166 HIALEAH DRIVE  
HIALEAH, FL 33010 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MILLS, JAMES S JR  
Address 651 PLOVER AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title T  
Name BOWEIN, SHERRYL  
Address 288 POCATELLA ST  
City-State-Zip: MIAMI SPRINGS FL 33166

Title D  
Name PALMER, MARJORIE E  
Address 449 SWALLOW DRIVE #6  
City-State-Zip: MIAMI SPRINGS FL 33166

Title D  
Name CHEETHAM, ROBERT  
Address 6914 HOLLY ROAD  
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR  
Name YECKE GUDE, ANASTASIA  
Address 990 N ROYAL POINCIANA BLVE.  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name VOYE, NANCY L  
Address 611 NIGHTINGALE AVE.  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name CARMODY, NANETTE  
Address 651 PLOVER AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name HOLDEN, FRANCIS E  
Address 166 HIALEAH DR  
City-State-Zip: HIALEAH FL 33010

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHERRYL B BOWEIN****TREASURER****01/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                KENNEY, JOHN  
Address             136 NE 96TH ST  
City-State-Zip:    MIAMI   FL  33138

Title                VP  
Name                LEONARD, CARLOS  
Address             190A WESTWARD DRIVE  
City-State-Zip:    MIAMI SPRINGS   FL  33166

Title                DIRECTOR  
Name                JONES, ANGIE  
Address             451 CRESCENT DR  
                         #2  
City-State-Zip:    MIAMI SPRINGS   FL  33166